

(Brandi Lanletti)
EXHIBIT

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UFCW Local 174 Affiliated Trust Funds

540 WEST 48TH STREET • NEW YORK, NEW YORK 10036-1130 • 212 307-7007

March 8, 2007

By Certified Mail/ Return Receipt Requested

Mark Hirschorn
Premier Veal, Inc.
555 West Street
New York, NY 10014

Re: Notice of Failure to Make Payments on Withdrawal Liability
UFCW Local 174 Pension Fund

Dear Mr. Hirschorn:

By letter dated October 27, 2006, UFCW Local 174 Pension Fund (the "Fund") notified Premier Veal, Inc. (the "Company") of its obligation to pay withdrawal liability in accordance with Section 4219(c) of the Employee Retirement Income Security Act of 1974, as amended ("ERISA") (the "Demand Letter"). Specifically, the Demand Letter stated that the Company's payment of withdrawal liability to the Fund is required to commence no later than 60 days after the date of such letter, notwithstanding any request for review or appeal of the determinations of the amount of the withdrawal liability or the schedule of payments. The Demand Letter assessed withdrawal liability on the Company in the amount of \$2,611,300, payable in 80 equal quarterly installment of \$29,346. The initial payment was due on or before December 27, 2006.

According to our records, the Company has not made any payment to the Fund as required under the Fund's Demand Letter. Please be advised that if the Company's failure is not cured within 60 days of receipt of this notice, the Company will be deemed in default of its withdrawal liability as provided by Section 4219(c)(5) of ERISA. The Fund will then be entitled to require immediate payment of the outstanding amount of the Company's withdrawal liability, plus accrued interest. The Fund may assess such default penalties on the entire amount of the Company's withdrawal liability, as well as any court costs and attorneys' fees incurred in collecting such delinquency.

Payment should be made to the order of "UFCW Local 174 Pension Fund" and forwarded to the undersigned at the above address.

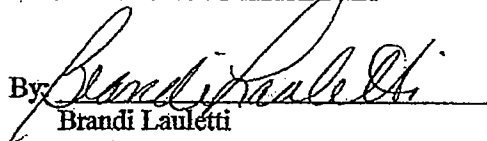
• UFCW LOCAL 174 PENSION FUND • UFCW LOCAL 174 RETAIL PENSION FUND • UFCW LOCAL 174 COMMERCIAL PENSION FUND •
• UFCW LOCAL 174 COMMERCIAL HEALTH CARE FUND • FUR WORKERS LOCAL 3F PENSION FUND • FUR SERVICE EMPLOYEES PENSION FUND •
• UNITED MECHANICS 150 PENSION FUND •

UFCW LOCAL 174

If you have any questions, please contact the undersigned.

Sincerely,

Board of Trustees of the
UFCW Local 174 Pension Fund

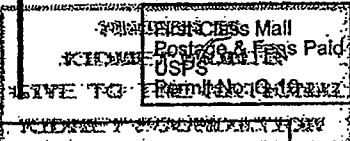
By: 
Brandi Lauletta
Fund Administrator

cc: Amy Covert, Esq.

PS Form 3811, February 2004		Domestic Return Receipt		102595-02-M-1540	
SENDER: COMPLETE THIS SECTION			COMPLETE THIS SECTION ON DELIVERY		
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 			<p>A. Signature X <i>Norm Bickel</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Norm Bickel</i> Date of Delivery <i>3/29/07</i></p> <p><input type="checkbox"/> Delivery address different from item 1. If YES, enter delivery address below <input type="checkbox"/> Yes <input type="checkbox"/> No</p>		
<p>1. Article Addressed to: <i>355 Food Ctr</i> <i>Premier Veal, Inc</i> <i>555 West Street</i> <i>NY, NY 10011</i> <i>Box NY 10471</i> <i>ATTN: MARK HIRSCHORN</i></p>			<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>		
<p>2. Article Number (Transfer from service label)</p>			<p><i>7003 1010 0000 9672 9205</i></p>		
PS Form 3811, February 2004		Domestic Return Receipt		102595-02-M-1540	

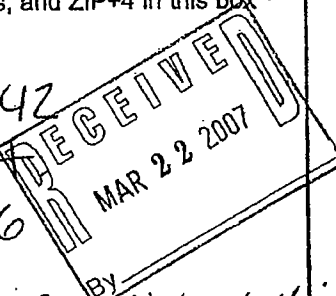
UNITED STATES POSTAL SERVICE
NEW YORK NY 100

20 MAR 2007 PM 2 L



• Sender: Please print your name, address, and ZIP+4 in this box •

UFCW LOCAL 342
540 W. 48th St
NY, NY 10036



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By Brandi Lau/ett

102

